

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/54254

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		0		/		
2		/		/			52		0		/		
3		/		/			53		0		/		
4		3		/			54		0		/		
5		0		/			55	/	/	/	/		
6		0		/			56		/	/	/		
7		0		/			57		2	/	/		
8		0		/			58		2	/	/		
9		0		/			59		2	/	/		
10		0		/			60		2	/	/		
11		0		/			61		0		/		
12		0		/			62		0		/		
13		0		/			63		0		/		
14		0		/			64		0		/		
15		0		/			65	*	0		/		
16		0		/			66		0		/		
17		0		/			67						
18		0		/			68						
19		0		/			69						
20		0		/			70						
21		0		/			71						
22	/		/				72						
23		/		/			73						
24		/		/			74						
25		0		/			75						
26		0		/			76						
27		0		/			77						
28		0		/			78						
29		0		/			79						
30		0		/			80						
31		0		/			81						
32		0		/			82						
33		0		/			83						
34		0		/			84						
35		0		/			85						
36		0		/			86						
37		0		/			87						
38		0		/			88						
39		0		/			89						
40		0		/			90						
41		0		/			91						
42		0		/			92						
43		0		/			93						
44		0		/			94						
45		0		/			95						
46		0		/			96						
47	/		/				97						
48		0		/			98						
49		0		/			99						
50		0		/			100						
TOTAL IND.	4		4				TOTAL IND.	4		4			
TOTAL DEP.	61		61				TOTAL DEP.	61		61			
TOTAL CLAIMS	65		65				TOTAL CLAIMS	65		65			